

DEBTOR: SANTOS A. LAINEZCASE NUMBER: 19-12293OFFICE OF THE UNITED STATES TRUSTEE
DISTRICT OF MARYLAND
MONTHLY OPERATING REPORT - CHAPTER 11
INDIVIDUAL DEBTORS☐ Check if this is an
amended report.

COVER SHEET AND QUESTIONNAIRE - FORM 3

For Period from: 3/1/19 to 3/31/19**THIS REPORT MUST BE FILED WITH THE COURT 20 DAYS AFTER THE END OF THE MONTH**

Debtor must attach each of the following reports / documents unless the U. S. Trustee has waived the requirement in writing.

REQUIRED REPORTS / DOCUMENTS

- 1 Cash Flow Statement (Page 2)
- 2 Cash Reconciliation(s) and Narrative (Page 3)
- 3 Cash Receipts Detail (Page 4)
- 4 Cash Disbursements Detail (Page 5)
- 5 Receipts and Disbursements Recap Case to Date (Page 6)
- 6 **Bank Statements for All Bank Accounts open during any day during the period**
(remember to redact all but the last four digits of bank account number)

QUESTIONNAIRE

Please answer the questions below for the month being reported:

	Yes	No
1. Did you deposit all receipts into your DIP account this month? 1a. If no, explain. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are all insurance policies current and in effect? 2a. If no, explain.** _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have all <u>post petition</u> taxes been timely filed and paid, including quarterly estimated taxes, if applicable? 3a. If no, explain.** <u>no - 2017 loss</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Did you pay all your bills on time this month? <u>no checks to write - account just opened</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Did you borrow money from anyone or has anyone made any payments on your behalf? 5a. If yes, why?** _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Other than postpetition mortgage or car payments, did you pay any bills you owed prior to filing for bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Do you have any bank accounts open other than the DIP account? 7a. If yes, when will they be closed? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

****If additional room is needed, please use the "Unusual Items" Section on page 3 to explain.****I declare under penalty of perjury that this Monthly Operating Report, and any statements and
attachments are true, accurate and correct to the best of my belief.**

Executed on: _____

Signature (Debtor): _____

Print name: _____

Signature (Co-Debtor, if one): _____

Print name: _____

DEBTOR:

Santos A. Lainez

CASE NUMBER:

19-12293

For Period from:

3/1/19

to

3/31/19**CASH FLOW SUMMARY (SEE NOTE A)**

(Transfers between the debtor's bank accounts are not to be reflected on this page.)

1. Beginning Cash Balance\$ 0 (1) A**2. Cash Receipts**

Wages

\$ 7188.42

Sole Proprietorship Revenues

Draws from owned entities other than Sole Prop

Rental Income

Other

personal deposit50

Other

Total Cash Receipts for the month

\$ 7208.40 B**3. Cash Disbursements**

Primary residence: Rent or home mortgage payment \$

Utilities and Communication related Expenses

Home maintenance (repairs/upkeep/association dues)

Food / Groceries / Housekeeping supplies

Restaurants/Entertainment/Recreation

Clothing / Laundry / Personal Care

Charitable and Religious Contributions

Insurance payments

Installment payments (including car payments)

Alimony, maintenance, support of others

Legal / Professional Fees / U.S. Trustee Fees

Sole Proprietorship Expenses

Rental Property related: mortgages / expenses / repairs

Other

check order30.02

Other

Other

Other

Miscellaneous

Total Cash Disbursements for the month

\$ 30.02 C**4. Net Cash Flow for Month**

(Total Cash Receipts less Total Cash Disbursements)

(B - C) 7178.38 D**5. Ending Cash Balance**(A + D) \$ 7208.40 E**CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES**

Total Disbursements for the Month (from above)	0.00
Add: Any amounts paid on behalf of the debtor by others	
Disbursements for U.S. Trustee Fee Calculation	0.00

(A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

(1) Current month beginning cash balance should equal the previous month's ending balance.

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DEBTOR: Santos A. LainezCase Number: 19-12293**A. BANK ACCOUNTS THAT ARE OPEN AT END OF THE PERIOD**

Period ending:	Acct #1	Acct #2	Acct #3	Acct #4
Name of Bank: <u>Sandy Spring</u>	<u>59-01</u>			
Last four digits of account	<u>59-01</u>			
Purpose of Acct (Personal or Business)	<u>personal</u>			
Type of account (Checking or Savings)	<u>Checking</u>			
Balance per Bank Statement at End of the Period	<u>7208.40</u>			
TOTAL OF ALL ACCOUNTS AT END OF PERIOD	<u>7208.40</u>			

Note: Attach a copy of the bank statement and bank reconciliation for every account that was open during any point in time during the period, whether it is a prepetition account or a DIP account.

B. AMOUNTS OWED TO OTHERS at the end of the Period (post-petition only)

Do you have any past due post petition bills?

No ☒Yes ☐

If yes, how much do you owe? (please attach support)

\$ **C. AMOUNTS OWED TO YOU at the end of the Period (both pre and post-petition)**

Does anyone owe you any money?

No ☒Yes ☐

If yes, how much is owed to you? (please attach support)

\$ **D. UNUSUAL ITEMS**

Please provide a description of any unusual financial transactions or changes to your financial condition since the past reporting period.

RECEIPTS AND DISBURSEMENTS RECAP

Debtor:

SANTOS A. LAINEZ

Case #:

19-12293

Date Case was filed:

2/25/19

This form is to be used to record Monthly Operating Reports' Receipts and Disbursements filed to date.
It serves as a running total of overall cash receipts and cash disbursement and net income (or loss) for the case.

NOTE: These amounts are directly obtained from Page 2 of the associated MOR.

Year: 2019

	Receipts	Disb	Net
Jan			0
Feb			0
Mar	7238.42	30.02	7208.40
Apr			0
May			0
Jun			0
Jul			0
Aug			0
Sep			0
Oct			0
Nov			0
Dec			0

Year:

	Receipts-2	Disb-2	Net-2
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0

TOTAL	0	0	0
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	0	0	0
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Last statement: March 11, 2019
 This statement: March 31, 2019
 Total days in statement period: 21

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 XX-XXXX59-01
 (0)

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Direct inquiries to:
 800-399-5919

SANTOS A LAINEZ SR BANKRUPTCY ESTATE
 CASE# 19-12293
 SANTOS A LAINEZ SR- TRUSTEE
 307 EDGEWATER DR
 EDGEWATER MD 21037-1323

Sandy Spring Bank
 17801 Georgia Ave
 Olney MD 20832

Flex Business Checking

Account number	XX-XXXX59-01	Beginning balance	\$0.00
Low balance	\$50.00	Total additions	7,238.42
Average balance	\$3,808.22	Total subtractions	30.02
		Ending balance	\$7,208.40

DEBITS

Date	Description	Subtractions
03-27	ACH Withdrawal	30.02
	HARLAND CLARKE CHK ORDER 190327	

CREDITS

Date	Description	Additions
03-11	Deposit	50.00
03-19	Deposit	4,792.28
03-25	Deposit	2,396.14

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
03-11	50.00	03-25	7,238.42		
03-19	4,842.28	03-27	7,208.40		

Thank you for banking with Sandy Spring Bank